

# CLAIMS ONLY

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/	
2		/		/		/
3		/		/		/
4		/		/		/
5		/		/		/
6		/		/		/
7		/		/		/
8	/		X			
9	/					
10	/					
11	/					
12	/					
13	/					
14	/					
15	/					
16	/	/				
17	/	/				
18	/	/	/	/	X	X
19	/	/	/	/		
20	/	/	/	/		
21	/	/	/	/		
22	/	/	/	/		
23	/	/	/	/		
24	/	/	/	/		
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49						
50						
TOTAL IND.	4	↓	4	↓	1	↓
TOTAL DEP.	15	↓	15	↓	6	↓
TOTAL CLAIMS	19		19		7	

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS